

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518750

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		2		/		
5	/		/			
6		/		/		
7		2		/		
8	/		/			
9		/		/		
10		2		/		
11	/		/			
12		/		/		
13	/		/			
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17		2		/		
18		2		/		
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21		2		/		
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23		2		/		
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31		2		/		
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39		2		/		
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43		/		/		
44		2		/		
45		2		/		
46		2		/		
47						
48						
49						
50						
TOTAL IND.	12	↓	12	↓		↓
TOTAL DEP.	43	←	33	←		←
TOTAL CLAIMS	55		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						